

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90007 005 ***138.75

DOCUMENT # L07000083191

1. Entity Name
ANTHONY J. REED, LLC



Principal Place of Business
5470 LANNIE ROAD
JACKSONVILLE, FL 32218

Mailing Address
5470 LANNIE ROAD
JACKSONVILLE, FL 32218

60039677



2. Principal Place of Business - No P.O. Box #
5470 LANNIE ROAD
Suite, Apt. #, etc.

3. Mailing Address
5470 LANNIE ROAD
Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State
JACKSONVILLE, FL
Zip
32218-1155
Country
USA

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JACKSONVILLE, FL
Zip
32218-1155
Country
USA

4. FEI Number 26-0789926
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, ANTHONY J
5470 LANNIE ROAD
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name REED, ANTHONY J.
Street Address (P.O. Box Number is Not Acceptable)
5470 LANNIE ROAD
City JACKSONVILLE FL 32218-1155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anthony J. Reed*
Signature, typed or printed name of registered agent and title if applicable.

ANTHONY J. REED
PRESIDENT/MMBR
(NOTE: Registered Agent signature required when reinstating)

4/29/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME REED, ANTHONY J
STREET ADDRESS 5470 LANNIE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MMBR & PRESIDENT
NAME REED, ANTHONY J.
STREET ADDRESS 5470 LANNIE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218-1155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Anthony J. Reed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANTHONY J. REED
PRESIDENT/MMBR

4/29/08 (904) 765-9971
Date Daytime Phone #